

Adult Preventive Care Flow Sheet

**PUT PREVENTION
INTO PRACTICE**

Name _____

Clinician _____

ID or S.S. # _____

Sex M ____ F ____ D.O.B. _____

Counseling provided (enter number of risk factor from list at left)

Returned
with Personal
Health Guide

Year

Age

Date

Type(s)

Date

Type(s)

Date

Type(s)

Date

Type(s)

Circle if counseling needed and/or action to be taken.

- | | |
|----------------------|--------------------------|
| 1. Weight | 12. Tuberculosis |
| 2. Blood Pressure | 13. Diabetes |
| 3. Cholesterol | 14. Smoking |
| 4. Immunizations | 15. Physical Activity |
| 5. Oral Health Care | 16. Nutrition |
| 6. Breast Cancer/BSE | 17. Safety |
| 7. Mammogram | 18. Family Planning |
| 8. Pap Test | 19. Alcohol and Drug Use |
| 9. Testicular Exam | 20. _____ |
| 10. Skin Exam | 21. _____ |
| 11. STD/HIV | 22. _____ |

Suggested Result Codes: O = Ordered N = Result Normal A = Result Abnormal R = Refused E = Done Elsewhere

Examination/Test Schedule

1. WT / HT	annually	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
2. Blood Pressure	q. 2 yrs. if < 130/85 (it is strongly encouraged to measure at q. clinic visit)	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
3. Cholesterol	q. 5 yrs. for age ≥ 20 if last screen normal q. yr. if previous abnormal	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
4. Breast Exam	q. 3 yrs. age 20-39 q. yr. ≥ age 40	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
5. Oral Exam	1. 1 yr. if at risk	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
6. Mammogram	q. 1-2 yrs. for women age 40-49 q. yr. for women age ≥ 50	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
7. Pap Smear	Annual at onset of sexual activity. If 3 or more satisfactory normal annual exams, may be performed q. 1-3 yrs.	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
8. Testicular Exam	Clinician's discretion	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
9. Skin Exam	q. 1 yr. if at risk	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
10. Plasma Glucose	q. 3 yrs. (or more frequently, at the discretion of the clinician)	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				
		Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Result				

Immunizations

Tetanus-diphtheria	q. 10 yrs.	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal	> 65 yrs.	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	q. yr. > 65 yrs.	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.P.D.	clinician's discretion	Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>